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FOR ACTION

UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY

Report of the UNICEF/WHO Joint Committee on Health Policy on its thirtieth session held at WHO headquarters

Geneva, 30-31 January 1995

The Executive Director recommends that the Executive Board note the present report and endorse the recommendations contained in paragraphs 31, 42, 46, 54, 56, 61, 65, 70, 74 and 78.

* E/ICEF/1995/10.

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World Health Organization
Organisation mondiale de la santé

United Nations Children's Fund
Fonds des Nations Unies pour l'enfance

UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY **JCHP30/95.7**
Thirtieth session
Geneva, 30-31 January 1995 7 March 1995

REPORT OF THE UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY ON ITS THIRTIETH SESSION

WHO headquarters, Geneva
30-31 January 1995

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would serve as a powerful tool to achieve the health goals jointly set by the two organizations for the years 1995 and 2000. It would also assist in facilitating national and local capacity building, which was a basic condition for ensuring the sustainability of health policies and achievements. The necessary education component of such efforts called for a strong input from such agencies as UNICEF and UNESCO. Progress in literacy and general education programmes had been shown to boost the utilization rate of health services and improve the health status of the populations involved.

8. WHO's effectiveness in its work directed to the health of women and adolescents was conditional on developmental work by other agencies to create the social and economic conditions to make health achievements sustainable. Synergy and complementarity of action were imperative.

9. The WHO Executive Board had determined that all necessary resources should be mobilized to enable WHO, through the contribution of its regional offices and with the help of its sister agencies, to achieve the eradication by the year 2000 of poliomyelitis, dracunculiasis and leprosy as public health problems. The Global Programme for Vaccines and Immunization was currently fully operational and in a position to respond to the new challenges facing the Expanded Programme on Immunization (EPI) and the Children's Vaccine Initiative. WHO looked forward to closer cooperation with UNICEF on the elimination or control of neonatal tetanus, measles, diphtheria, pertussis and, where applicable, hepatitis B. Control of diarrhoeal diseases and acute respiratory infections in children ought also to remain a high priority for joint WHO/UNICEF action. Such work included aspects of environmental health; WHO, together with other agencies, was contributing to the planning, development and promotion of safe water supply and sewage and sanitation infrastructures. Such health promoting interventions were included in "Africa 2000", a project addressing the needs of sub-Saharan Africa. Nutrition activities had also been gradually integrated in EPI/immunization efforts as well as in prevention and care for mothers and children. Elimination of micronutrient deficiencies was an important area for joint action, and one to which UNICEF had made an important contribution.

10. Efforts to eradicate hunger and malnutrition, a feasible goal for humankind, had been hampered in recent years by armed conflict and complex emergencies. Humanitarian aid to cope with resulting breakdowns in social, economic and health infrastructure, followed by rehabilitation and development programmes, called for cooperation by all agencies. It would be one of the Joint Committee's tasks to consider how best WHO and UNICEF could achieve synergy and complementarity in such action.

11. Sustainable development implied the development of human resources and physical infrastructure with strong participation by local communities. The current trend to increased decentralization was, however, posing some problems with regard to retention of the measure of central coordination required to ensure harmony, relevance, effectiveness, referral and follow-up mechanisms, accountability and solidarity.

12. New needs and expectations had to be met in a changing political, social and economic environment. To that end, WHO had endorsed the establishment of the joint and cosponsored United Nations programme on HIV/AIDS to pool resources and improve coordination with other agencies, including UNICEF. Only in that way would it be possible to deal with all the factors and consequences of the pandemic simultaneously, not only at global, but also at local, national and regional levels.

13. Health and development for all, which implied equity, freedom of choice and social justice, could only be achieved by working together in a spirit of solidarity and respect. New health partnerships, open to all sectors of society, had to be created on the basis of innovative approaches and international cooperation. Only by the free and democratic involvement of all individuals and communities could health for all be achieved and sustained by all in a true spirit of mutual responsibility.

14. Dr Nyi Nyi (Special Adviser to the Executive Director) conveyed to the Joint Committee the apologies for the absence of Dr Jolly, Acting Executive Director of UNICEF, who was unavoidably detained in New York. Acknowledging on UNICEF's behalf the tributes paid to Mr Grant, he recalled the importance which Mr Grant had accorded to the joint work of the two organizations and his unfailing attendance at the sessions of the Joint Committee.

15. He endorsed WHO's view of the importance of achieving the goals for 1995 and the year 2000. He welcomed the joint activities proposed to that end and agreed that multisectoral efforts would be of major significance. It would be the task of the Joint Committee to seek the most effective and efficient means of achieving the joint aspirations of the two organizations.

IV. REVIEW OF WHO POLICIES AND UNICEF DECISIONS

16. The document under consideration[1] presented resolutions concerning the health of women and children, adopted by the Forty-sixth and Forty-seventh World Health Assemblies in May 1993 and May 1994, respectively, and relevant decisions adopted by the UNICEF Executive Board in 1993 and 1994. The addendum to the document set out the text of those resolutions and decisions in full. JCHP had found it useful to carry out such a review at regular intervals. In 1993 and 1994 the Health Assembly had adopted 20 resolutions containing policies and principles which had a direct bearing on the health and well-being of women and children. In 1993 and 1994 the UNICEF Executive Board had adopted nine such decisions. A list of the resolutions and decisions brought to the attention of JCHP is attached in Annex 3. JCHP was requested to decide which issues should be emphasized when referring them to the respective Executive Boards.

World Health Assembly resolutions

Strategies for health development

17. The Committee drew particular attention to the policies set out in resolutions WHA46.17 (Health development in a changing world - a call for collective action), WHA46.20 (WHO global strategy for health and environment), and WHA46.30 (Intensified cooperation with countries in greatest need, in particular in Africa). With specific reference to resolution WHA46.17, it was stressed that the two organizations should play an active role in two forthcoming conferences, the World Summit for Social Development and the Fourth World Conference on Women, in order to ensure that both Health Assembly resolutions and UNICEF decisions were appropriately reflected.

18. The attention of the Executive Board of UNICEF was drawn to the four main thrusts of resolution WHA46.20: water supply and sanitation; the health consequences of urbanization; chemical safety; and global environmental issues. It was noted that WHO and UNICEF were studying their comparative advantages in the area of water supply and sanitation. Following the United Nations Conference on Environment and Development, attention had been focused on water management as a whole; WHO and UNICEF should ensure continued emphasis on health aspects.

Maternal and child health, and nutrition

19. JCHP placed particular emphasis on the importance of implementing resolutions WHA46.7, WHA47.9 and WHA47.5. The attention of the UNICEF Executive Board was drawn to resolution WHA47.5, which clearly indicated WHO's proposed action in the area of infant and young child nutrition. WHO and UNICEF were collaborating closely in that area and would hold discussions with industry to determine how best to make further progress. It was pointed out that country-level collaboration between the two organizations in the area of reproductive health would be of considerable benefit in actions to follow up the 1994 International Conference on Population and Development.

Disease prevention and control

20. Attention was drawn to the importance of mobilizing resources from all possible partners for the control of malaria and tuberculosis, particularly in Africa, where the deteriorating economic situation was affecting programme implementation at the country level. Attention was drawn to the "Africa 2000" initiative in that context.

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[1] Document JCHP30/95/2.

21. It was noted that in Eastern Mediterranean countries UNICEF and WHO were collaborating closely in the collection of data on the incidence of poliomyelitis, other communicable diseases and on immunization coverage. In 15 of the 23 Member States concerned, immunization coverage for the six target diseases of the Expanded Programme on Immunization was being maintained at more than 80%.

HIV/AIDS

22. The attention of the UNICEF Executive Board was drawn to resolution EB95.R13 on the establishment of the joint and cosponsored United Nations programme on HIV/AIDS, which welcomed the progress made in developing the programme and requested the Director-General of WHO "to arrange for WHO to meet the administrative needs of the programme once it is operational, in the light of the Organization's role as administering agency of the programme". The WHO Executive Board had recognized the urgent need to establish the governing body for the programme as soon as possible so that progress could be made in developing its funding, staffing and activities. It was hoped that, following the forthcoming organizational session of the Economic and Social Council, the governing body would be established quickly, with a first meeting in April 1995, immediately after the final session of the Management Committee of the Global Programme on AIDS. It was essential to ensure a smooth and rapid transition to the new programme so that there would be no diminution in activities, particularly at country level. The new programme represented an exciting opportunity for the six cosponsoring agencies to work together in combating HIV/AIDS.

23. The UNICEF secretariat noted that there were some small differences between the new programme outlined in the 1993 WHO Executive Board resolution (EB93.R5) and the subsequent resolution of the Economic and Social Council (1994/24). They went on to express confidence that those issues would be worked out through the discussions currently under way between the cosponsoring agencies to establish the programme.

UNICEF Executive Board decisions on health

24. JCHP took note of the UNICEF Executive Board decisions on health reviewed in the background paper,[1] and was informed that UNICEF expenditures on health, nutrition, and water supply and sanitation in 1994 and 1995 would probably be similar to, or slightly greater than, those in 1993.

25. Time did not permit full discussion of the draft UNICEF health strategy document, which had been provided for an exchange of views, but not for formal approval, prior to submission to the UNICEF Executive Board. It was stressed that the work of WHO and UNICEF must be mutually reinforcing, avoiding unnecessary duplication or conflict, and must be in accordance with the policy directives of the governing bodies, including the international health work framework set by the World Health Assembly. It was vital that both bodies recognized that at country level responsibility for coordination of health work belonged to countries, and that both should aim in their respective strategies to strengthen country capacities in that regard.

26. It was further stressed that in practice there had always been excellent coordination and consultation between WHO and UNICEF, particularly at the higher levels of management. In fact, many new policies, notably that on micronutrients, had been finalized between the two agency heads before being presented to their respective Executive Boards for eventual implementation. As far as WHO's own strategy was concerned, some four years ago the Organization had begun a review of its own health-for-all policy and strategy, not only up to the year 2000 but also thereafter, in the light of global change. Consultations both with WHO's Member States and with its sister agencies, either directly or through ACC mechanisms, had accordingly been initiated, with a view to finalization of the review process by 1998.

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[1] Document JCHP30/95/2.

27. In conclusion JCHP **noted** that:

- the question of how to consider a UNICEF health strategy paper arose in relation to paragraphs 10 and 11, Part Two, of document JCHP30/95/2, after JCHP had decided, at the Chairman's suggestion, that item 3 of the provisional agenda entitled "UNICEF policy and strategies for health" would not be taken up at the current session of JCHP;

- many comments had been made, particularly by the WHO Executive Board members of JCHP, as well as the Director-General of WHO, on the need to ensure the sharing of views on issues being submitted to the UNICEF Executive Board in connection with the UNICEF health strategy document;

- a member of WHO's Executive Board might attend the session of the UNICEF Executive Board scheduled for 20-23 March 1995 in New York should the document be finalized and an item on that topic included in the agenda of that session; the UNICEF and WHO secretariats would in any event continue to work together to ensure concordance of health policies responsive to the needs of Member States.

V. WORLD SUMMIT FOR CHILDREN

Monitoring of health goals and preparation of the mid-decade review and report

28. The document under discussion[1] presented a report on collaborative action in preparing countries for carrying out the 1995 mid-decade review of progress in implementing the Plan of Action for achieving the World Summit goals.

29. It was pointed out that WHO and UNICEF utilized a unified database for reporting data in all the areas covered by the mid-decade goals.

30. JCHP recognized the importance of monitoring on the basis of comparable data, and therefore welcomed the close collaboration between WHO and UNICEF in developing appropriate and affordable methodology, such as multiple indicator cluster surveys. Concern was expressed that adequate training and support should be given to countries in applying such methodologies. There was a call for the provision of long-term investment for strengthening national health information systems including monitoring capacities alongside short-term efforts to improve data collection for reporting on the mid-decade goals.

31. **Recommendations.** The Committee recommended that:

- a message should be conveyed to the World Summit for Social Development, March 1995, calling upon heads of state to give high priority to monitoring progress towards health-for-all and World Summit for Children goals, with national mid-decade reviews that give special attention to the mid-decade health goals as stepping stones towards those for the year 2000;

- WHO, UNICEF and other international agencies should give special attention in 1995 to supporting national efforts to monitor and report on progress to policy-makers for the mid-decade review; such collaborative support should bring together all sectors in a shared emphasis on collecting internationally comparable data on the essential indicators agreed upon between governments, WHO and UNICEF for reporting, making certain that those measurements reinforced programmatic action at all levels, and contributed to the capacity of policy-makers to take corrective measures and management actions that would build and sustain progress;

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[1] Document JCHP30/95/4.1.

- in view of the experience gained through the preparation of the third report on the monitoring of the implementation of the health-for-all strategy, and the fact that there were specific indicators where data were lacking or out of date while some were available and could be easily updated for reporting, WHO, UNICEF and other international agencies should collaborate across all sectors in assisting countries to monitor progress, using wherever appropriate and feasible multiple indicator surveys in health and health-related sectors;

- WHO and UNICEF should draw upon their shared experience in reporting on Universal Child Immunization in order to prepare an international assessment of progress on the health goals at mid-decade to serve as a basis for the Secretary-General's review of progress at a special occasion in September 1996, upon the opening of the United Nations General Assembly.

Health-related goals: overview

32. As mentioned in the joint background paper[1] 21 health-related goals were endorsed in the Plan of Action of the World Summit for Children. Of those, 11 were to be achieved by mid-decade. The goals were divided into three categories; those belonging to Category 1 (substantial progress being made) were discussed in depth by JCHP (see below, paragraphs 35-56). The first three items under Category 2 (additional efforts needed) were the subject of separate documents submitted to the Committee, and the discussion of those topics is reflected below in paragraphs 66-74. The fourth item under Category 2 - universal access to safe drinking-water and sanitary means of excreta disposal - was discussed to some extent by the Committee (see paragraphs 57-62) but the WHO and UNICEF secretariats proposed that JCHP should consider a more detailed document on the subject at the Committee's next session. In paying special attention to the items mentioned under Category 3 (further development of strategies needed), the Committee recognized that those topics might need more detailed examination at a future session.

33. It was pointed out that the Category 3 goals were aspirational in character, involving fundamental policies and long-term efforts; once achieved, they could be quickly lost if such efforts were not maintained. Attention was drawn particularly to the third item in Category 3 - access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies - and the importance of the International Conference on Population and Development (ICPD) in that context. It was suggested that WHO, UNICEF and all other agencies concerned should cooperate in implementing the ICPD Action Plan since no one agency could do that on its own. ICPD differed from previous population conferences in that it did not concentrate on demographic and family planning issues alone, but also on raising the status of women, i.e. it adopted a holistic approach to the problem. With regard to abortion, it was pointed out that WHO had never regarded abortion as a family planning method; it was concerned essentially with preventing the unnecessary deaths of women as a result of unsafe abortion, and encouraged countries to adopt the ICPD Action Plan. UNICEF also reaffirmed its position that it had never supported abortion. Family planning should not be regarded as the responsibility only of ministries of health; since in some countries abortions were common among girls of 17 and younger, ministries of education and social affairs should also be involved. The Committee was pleased to note that family planning was now looked at as a holistic issue in the context of the ICPD Action Plan, thus involving, e.g. the status of women, family health, women's health, and safe motherhood and child survival.

34. **The Committee took note of the goals listed under Category 3,** which would be considered again at its next session, and of the specific nature of those goals and the difficulty of achieving them.

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[1] Document JCHP30/95/4.2.

Mid-decade goals - an update on implementation

Immunization coverage, neonatal tetanus, measles deaths and cases, poliomyelitis

35. During the introduction to the background paper,[1] it was observed that, although progress continued to be made in many areas, some problems remained. The goal of 80% immunization coverage had already been achieved in many countries in the Americas, Asia and the Middle East; some Asian countries were even now reaching the 90% coverage goal. Africa, however, remained a major challenge, although even there some countries were making progress. Sustainability of immunization coverage was another major concern although, outside Africa and some countries where conflicts had been in progress in the Eastern Mediterranean Region, the 1993 figures indicated that coverage levels attained were currently being maintained or even increased in 80% of the countries which had achieved universal child immunization (UCI) in 1990. Neonatal tetanus might not be eliminated by the end of 1995, although substantial inroads had been made and extraordinary success achieved in the Americas and other areas. Measles deaths and cases remained a challenge in some countries but new strategies had been developed and some progress had been made. It was noted, however, that the measles case reduction goal (of 95%) had already been achieved in 84 countries. Poliomyelitis was a focus of major efforts and there was every hope that it would be successfully eradicated by the end of the decade. That had been achieved in the Region of the Americas, which had been declared poliomyelitis-free in 1994.

36. The Philippines provided a good example of what could be achieved by a high level of government commitment and strong government leadership. All sectors and levels of society had been mobilized in a highly successful multiantigen national immunization day, which had achieved 95% immunization coverage for poliomyelitis and had significantly improved coverage against measles and tetanus. The current task was to sustain that coverage. With regard to poliomyelitis, no case had been found in the Philippines during the past two years; eradication could well be achieved before the target date.

37. In relation to the outbreak of diphtheria in the Russian Federation and the newly independent States, attention was drawn to the need not only to improve immunization coverage, but also to ensure high vaccine quality and proper conditions for vaccine storage. In addition to those problems, control of the outbreak was being made more difficult by mass migration of people from rural to urban areas and by strong popular feeling against immunization in some countries.

38. JCHP noted that, although progress was encouraging, global mortality from neonatal tetanus and measles was still high; greater efforts were required if the goals were to be attained. The concept of national immunization days was welcomed and attention drawn to the great benefits that could result from encouraging neighbouring countries and regions to choose the same day for such action. There was a need to strengthen laboratory services since case diagnosis and epidemiological surveillance were essential for assessing immunization and eradication status in communities. Attention should continue to be given to developing the use of solar energy in the cold chain. Consideration should also be given to the further promotion of the hepatitis B antigen as a component vaccine in the EPI programme; involving more countries would help to reduce the overall cost of the vaccine. An appeal was made for assistance with the purchase of poliomyelitis vaccine to help sustain the levels of coverage reached. In some countries it would be useful to make Hib vaccine an EPI component; wider use of the vaccine would also help to bring its price down for the countries concerned.

39. The WHO Global Programme for Vaccines and Immunization (GPV) and UNICEF worked very closely on matters relating to vaccine supply and quality. Efforts by the two organizations together with various nongovernmental organizations had helped to ensure that no national immunization day had ever been held up for lack of vaccines. In 1995, it was planned to hold national immunization days together in 16 countries of the European Region and the Eastern Mediterranean on World Health Day, 7 April, which was focusing on immunization in that year.

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[1] Document JCHP30/95/4.3.

40. WHO was working closely with UNICEF in cold chain development. Solar energy was under consideration and systems were already in place in a number of countries. Funding was, however, a major problem. Solar energy systems which could also serve for other purposes in addition to sustaining the cold chain were generally more cost-effective and more attractive as an option, although the initial cost was much higher. If used only for the cold chain, solar energy was considered the last choice after electricity, gas and kerosene.

41. UNICEF endorsed the view that hepatitis B vaccine should be included in general immunization programmes but pointed out that immunizing a child against hepatitis B cost twice as much as immunizing the same child against all the other EPI diseases together. The UNICEF vaccine fund had principally been set up to defray the cost of vaccines for the poorer countries and would be unable to meet current demands for hepatitis B vaccine. In seeking ways to overcome the problem, UNICEF was at present working on a procurement tiering strategy, similar to that for the Vaccine Independence Initiative, whereby the richer countries would be encouraged to buy their own vaccine, middle-level countries would be encouraged to seek bilateral assistance to do so, and UNICEF would support the poorest countries.

42. **Recommendations.** With respect to action aimed at achieving the four goals, the Committee recommended that:

Immunization coverage

- A specific programme should be developed aimed at analysing the factors responsible either for slippage from high achievement or failure ever to achieve. Those analyses should be conducted by multiagency teams and consider all factors, including motivation, commitment, resources, geography, infrastructure and civil unrest. The teams would be expected to develop plans of action and seek both local and international funding to produce improvements.

- Priority should be given to Africa. In countries with low performance, the first priority should be to reach high levels in areas affording good access to services. For areas without easy access, effective, periodic outreach activities should be pursued.

- Both surveillance for the EPI diseases as the basis for data collection to identify "failure" and high-risk areas, together with local accelerated immunization activities, should be developed.

- Supplemental immunization, such as national immunization days, should offer, as appropriate, multiple antigens and be used to improve immunization coverage through mobilization of all sectors and levels of society.

Neonatal tetanus

- Major efforts should be focused on the 12 countries contributing 80% of neonatal tetanus cases in the world, while at the same time ensuring that support to the smaller countries was sustained at a level that should allow them to achieve the target.

- Special efforts should be directed at countries, of any size, which have an incidence rate for neonatal tetanus above 5/1000 live births.

- Within the above countries and, increasingly in all countries, the focus should be on safe and clean delivery, sound antenatal care, and immunization activities in high-risk areas, detected through surveillance, including active searches of hospital records for suspected cases. It should be assumed that "areas" not reporting are at high risk.

- Surveillance for possible neonatal tetanus cases should be improved.

- Monitoring of performance by district should be continued.

Measles deaths and cases

- The focus on high-risk areas should be intensified. In addition, drop-outs from the DPT/oral polio vaccine (OPV) course of vaccines to the scheduled measles dose should be reduced and use made of all opportunities of contacts with health services to complete immunization.

- The opportunities afforded by supplementary immunization for poliomyelitis and neonatal tetanus vaccines should be used to add measles vaccine or to refer children with incomplete immunization for its completion.

Poliomyelitis

- Further implementation of national immunization days in geographically contiguous countries, creating zones of low incidence, should be progressively expanded. In addition, the opportunity of such days should be taken to either include additional antigens or to channel children with incomplete immunization to clinics where it can be completed.

- In those zones where transmission becomes focal, "mopping-up" should be conducted.

- Surveillance for all cases of acute flaccid paralysis in children aged less than 15 years should be developed, with effective investigation, including laboratory testing of faecal samples. Emphasis should be placed on ensuring that such surveillance incorporates the potential to expand to include other communicable diseases.

- The laboratory network should be extended and improved.

- World Health Day 1995 should be used to increase commitment, community awareness and implementation of appropriate policies.

- Sufficient resources should be mobilized to ensure adequate supplies of vaccine, expertise and laboratory support.

- Poliomyelitis eradication activities should be used to further strengthen EPI and primary health care in all appropriate aspects.

Oral rehydration therapy/diarrhoea case management

43. During the introduction to the background paper,[1] it was pointed out that, although progress was being made, greater efforts at all levels would be needed if the mid-decade goals, and more particularly the end-decade goals, were to be achieved. In recent UNICEF/WHO discussions it had been agreed that monitoring of progress towards the mid-decade goals, with appropriate attention to data quality, would be strengthened. A plan of action had been drawn up to enable figures to be obtained for the main indicators for some 50 of the largest countries in 1995. It was expected that multiple indicator cluster surveys would enable data to be collected from many countries.

44. Use of oral rehydration therapy had risen globally from about 1-2% in the 1970s to a current figure in the region of 45%. Attention was drawn to the outstanding success achieved in recent years by several countries. In Mexico, diarrhoeal disease mortality had been dramatically decreased as a result of an intensive effort, halving diarrhoea deaths in three years, 1990-1993. Partnership with a number of groups, including the Scout Movement, had resulted in information and action being carried to the community level. That partnership with broad-based community groups, communication and wide mobilization, were the key to ensuring widespread use of oral rehydration therapy by mothers in the home. Morocco and Bangladesh were mentioned as examples of countries that had achieved great success in community

[1] Document JCHP30/95/4.3.

mobilization to promote oral rehydration therapy. In Cameroon, the opening of local kiosks where families could obtain oral rehydration salts had greatly increased access to them.

45. It was stressed that greater efforts should be made to promote oral rehydration therapy in countries where its use in the home was still unacceptably low. There was general agreement that, since the incidence and effects of diarrhoeal disease were greatly affected by social issues and behavioural patterns, important components of promoting oral rehydration therapy and diarrhoea prevention were education and community participation and partnership, in addition to making oral rehydration salts as widely available as possible. Greatest attention should be given to countries with a high incidence of diarrhoeal disease; mothers should also be taught the need for good hygienic practices during the weaning period, when most cases of infant diarrhoea occurred. Efforts to control diarrhoeal diseases would be strengthened by making them part of integrated management of the sick child. Joint UNICEF/WHO monitoring of diarrhoeal disease morbidity and mortality, and support to control programmes, would need to continue beyond 1995 if the end-decade goals were to be achieved; careful attention would have to be given to ensuring that monitoring data were of high quality.

46. **Recommendations.** JCHP recommended that:

- overall efforts should be intensified to accelerate the positive trends now under way and to reach the intermediate and year 2000 goals;
- the focus should be on priority countries, i.e. the 15 countries with the highest number of deaths due to diarrhoea;
- communication should be emphasized;
- the focus on ORS availability should be continued;
- monitoring should be increased to obtain current information on progress toward mid-term goals;
- case management should be strengthened so as to prevent progression to persistent diarrhoea;
- cholera should be used as a catalyst to strengthen the broader diarrhoeal disease control programmes.

Empowerment of women to breast-feed their children, iodine deficiency disorders, vitamin A deficiency, reduction of malnutrition

47. In the introduction to the background document,[1] it was pointed out that WHO and UNICEF had a long and successful track record of collaboration in tackling malnutrition, and that collaboration was to be further strengthened. UNICEF, with its strong presence at country level and in the field, had played an essential role in carrying out nutrition activities within countries, whereas WHO, for its part, had continued to play a role in strengthening national capabilities and infrastructure, as well as in establishing guidelines and criteria, disseminating technical information and running global malnutrition data banks. Although the burden of malnutrition was still great, real progress was being achieved, and the two organizations should continue their partnership in order to ensure that malnutrition was reduced and eventually eliminated.

48. Particular emphasis was laid on the **Baby-friendly Hospital Initiative (BFHI)**. The goals set for the initiative in 1995 had already been surpassed. It now seemed that there might eventually be some 3000-4000 hospitals globally, rather than the 1000 projected. It was interesting to note that the less-industrialized countries were now being emulated by the more industrialized countries in that respect. Rapid progress was also being made towards the related goal of ending free or low-cost supplies of breast-milk substitutes in health facilities. The fostering of appropriate complementary feeding practices

[1] Document JCHP30/95/4.3.

from the age of about six months, emphasizing continued breast-feeding with safe and adequate amounts of local foods, would call for actions outside the framework of the Baby-friendly Hospital Initiative.

49. The recommendation for the training of health workers in the Baby-friendly Hospital Initiative on page 15 of the background document was welcomed. In addition to countries already implementing the initiative, other countries should also be encouraged to achieve BFHI mid-decade goals by the end of 1995. Attention was called to the need to sustain existing baby-friendly hospitals. For infant feeding in emergencies, it would be relevant to bear in mind resolution WHA47.5, which called for WHO collaboration both with UNICEF and with other interested parties. Teaching in medical schools and schools of nursing should give more prominence to the importance of breast-feeding and, in many countries, steps needed to be taken to facilitate breast-feeding for working mothers.

50. BFHI could usefully be linked with the safe motherhood initiative, so that baby-friendly hospitals could also become mother-friendly hospitals. The obstetrician had an important role to play in educating mothers, both before and after the birth of the child, in the benefits of breast-feeding. The two organizations should focus on ways of ensuring that such initiatives were sustained, because it would be unfortunate if some hospitals which had complied with the ten steps required later dropped out of the initiative. Finally, the point was made that breast-feeding had a beneficial influence on the relationship between mother and child in later years, thus facilitating adaptation to society and reducing the risk of behavioural problems.

51. The rapid progress being made in the control of **iodine deficiency disorders** (IDD) was welcomed. China, which in the past had been more affected by such disorders than any other country, had now, as a result of collaborative action by WHO, UNICEF and other United Nations partners, made a commitment to eliminate the problem by recommending the use of iodized salt throughout the country. That programme had received political endorsement at the highest level and was being implemented on a multisectoral basis. It was the first joint UNICEF/WHO/UNDP/World Bank initiative to be carried out in China, and served as a model for how international organizations could work together.

52. Progress in combating **vitamin A deficiency** was not so far advanced, partly because many countries had difficulty in establishing whether or not they had a problem in that area. However, over the past year the two organizations had worked together to support many countries, including South Africa, Madagascar, Oman, and Kenya, in undertaking surveys, and were working with governments in planning joint action in supplementation, dietary diversification, and fortification. Recent consultations with industry had indicated that the fortification of staple foodstuffs such as sugar, which had been successful in Guatemala, could be extended to other parts of the world. In countries where refined sugar was not consumed, such as some of those in the African Region and parts of Asia, the fortification of edible fats and oils was seen as a promising approach.

53. With regard to the **reduction of malnutrition**, the Committee noted the status at the end of 1994.

54. **Recommendations.** The Committee made recommendations for action in respect of the four goals as follows:

Empowerment of women to breast-feed their children

WHO and UNICEF should continue to provide support to the global BFHI programme through advocacy, social mobilization and training activities, provision of programme guidelines and information, education and communication (IEC) materials, and adherence to global assessment criteria, as well as resolution WHA47.5. Specifically, the two organizations should:

- collaborate to advocate and provide support for the implementation of resolution WHA47.5, on infant and young child nutrition;

- seek to ensure that countries already implementing the BFHI receive sufficient support to help them achieve their BFHI mid-decade goals by the end of 1995;

- advocate and support the implementation of the BFHI in industrialized countries, and in Central and Eastern Europe (CEE), the newly independent States, Central Asian republics (CARS), and the Baltic States, where those countries are lagging behind and require increased support;

- continue to emphasize the importance of, and need for, provision of IEC materials communicating accurate information on breast-feeding and young child nutrition;

- continue to advocate the institutionalization of the BFHI within the health care systems of countries implementing the BFHI programme, with special emphasis on establishing mechanisms for designating and reassessing baby-friendly hospitals/maternity facilities, and linking the programme to other important pre- and postnatal maternal and child care and nutrition programmes/activities;

- continue to urge International Association of Infant Food Manufacturers (IFM) members and other infant food manufacturers to completely fulfil their responsibility as stated in the International Code of Marketing of Breast-milk Substitutes and all relevant World Health Assembly resolutions. Since those principles are universally applicable, companies should also be urged to bring their marketing practices into compliance.

- jointly develop guidelines for infant feeding in emergencies with particular emphasis on protection, promotion and support of breast-feeding, in accordance with the stated goals.

Iodine deficiency disorders (IDD)

- UNICEF and WHO should support governments in ensuring that salt is iodized at source, and assist in the development of regulations and monitoring mechanisms to ensure that all imported edible salt is adequately iodized.

- Concerted efforts should be made, based on the proposed strategy, to support countries with many small salt producers in iodizing their salt, or identifying alternative strategies.

- Strategies to monitor the effectiveness of salt iodization programmes should be established or strengthened in most countries. Guidelines on monitoring which have been developed should be more widely disseminated and applied.

- WHO and UNICEF should undertake joint country-by-country assessment of progress during 1995 to be incorporated into the Micronutrient Deficiency Information System (MDIS), which should include an assessment of:

  - status of legislation on salt iodization;
  - status of salt iodization;
  - percentage of salt iodized;
  - existence of mechanisms for monitoring the biological impact of salt iodization;
  - effectiveness of IEC programmes and need for further support;
  - future training needs.

- WHO and UNICEF should continue advocacy and support for universal salt iodization during 1995 in all countries in which IDD are recognized as being a public health problem.

Vitamin A deficiency

- Surveys of the prevalence of subclinical vitamin A deficiency should be rapidly carried out in countries in which the problem appears to exist, but is not widely acknowledged. WHO and UNICEF should review the existing recommendations and prepare a concise set of recommendations on the minimum requirements for an adequate survey to determine the prevalence and extent of vitamin A deficiency in a country.

- WHO and UNICEF should continue to work together, and with other appropriate institutions, to strengthen the technical capacity at the national level to undertake surveys of subclinical vitamin A deficiency.

- WHO and UNICEF should review the available evidence on the time after birth at which it is safe to give high-dose vitamin A supplements to mothers. A statement to that effect is needed to guide programmes aimed at raising the concentration of vitamin A in breast milk.

- Recent studies of the risks and benefits of providing supplements to infants before six months of age and with EPI contacts should be reviewed.

- Concise recommendations for ways of monitoring the effectiveness of interventions to improve vitamin A status should be developed and widely distributed.

- Information on effective national fortification and dietary programmes should be made more widely available.

Reduction of malnutrition

- UNICEF and WHO should support all countries to develop a consensus, by the end of 1995, on:

  - the magnitude of the problem of child malnutrition;
  - the principal immediate, underlying and basic causes; and
  - the main action which will require to be supported to tackle the problem.

- While, in many countries, such work is already under way, as part of the follow-up to the International Conference on Nutrition, or as part of the national plan of action to achieve the goals of the World Summit for Children, UNICEF and WHO should re-emphasize the importance of tackling malnutrition and the need to reach a national consensus on priority causes and problems to be addressed.

- UNICEF and WHO should seek ways of increasing support to action at local and district level to monitor the prevalence of malnutrition, and identify changes in prevalence and key factors needing to be addressed to further reduce child malnutrition.

Guinea-worm transmission

55. JCHP welcomed the view expressed in the background paper[1] that global eradication of dracunculiasis was making very considerable progress. The Committee commended collaborative efforts to strengthen community-based surveillance, alternative low-cost water supply options, health education for remote populations, district level planning, and village mapping, which would have lasting benefits, in particular for promoting integrated control of other diseases such as onchocerciasis. It was pointed out that awareness of control measures was improving. JCHP noted that, while case-loads had shown a substantial decline in many countries, they remained high in Nigeria, Niger and Sudan, and intensified efforts would be required in those countries and also to find and contain the last cases of the disease in all countries.

56. **Recommendations.** The Committee, noting that by December 1995, guinea-worm disease would be eliminated in most but probably not all affected countries, that there would be a 95% reduction (except in Sudan) from the more than one million cases estimated in 1989, and that the key operational objectives that remained were the strengthening of surveillance, the establishment/strengthening of case containment in all endemic villages and the intensification of social mobilization in endemic areas, recommended that:

[1] Document JCHP30/95/4.3.

- future efforts should be focused on the mobilization of decision-makers at district and subdistrict levels and increased involvement of village chiefs in increasing community awareness and participation;

- an intensified surveillance system should be maintained in all endemic countries beyond the end of the decade in order to allow certification of eradication: guinea-worm disease surveillance should be integrated with other health priorities.

Water and sanitation

57. It was pointed out that, despite the efforts made during the International Drinking Water Supply and Sanitation Decade, it was proving extremely difficult to narrow the gap between 1990 levels and universal access to water and sanitation, and it seemed unlikely that even the mid-decade goal would be attained. While the gap had narrowed in respect of access to water supplies, rapid population growth had wiped out any gains in access to sanitation. Some 1200 million people still lacked safe water and 1800 million lacked adequate safe excreta disposal facilities.

58. The hope was expressed that continued follow-up of the eight recommendations made by JCHP at its twenty-ninth session would increase the efficiency of WHO and UNICEF programmes, improve their capacity to reach underserved populations, and give direction and leadership to other organizations working in that area.

59. JCHP noted that the four areas of collaboration with greatest potential for improving access to water supplies and sanitation were: the WHO/UNICEF Joint Monitoring Programme, started in 1990 to assist countries in strengthening their capacity to monitor the sector; the development of a WHO/UNICEF joint strategy for hygiene education, as requested by JCHP in February 1992; country-level collaboration in Africa, supported by JCHP and the WHO and UNICEF secretariats at their respective headquarters and regional offices for Africa; and the development of a WHO/UNICEF joint strategy for achieving end-decade water and sanitation goals.

60. Particular emphasis was given to the need for greater support to countries in Africa, in the context of the "Africa 2000" initiative, and to the need for collaboration with other organizations working in the water and sanitation field; there was a call for adequate attention to be given to water quality, including fluoride content, which had important implications for oral health.

61. **Recommendations.** Reaffirming the recommendations made at the special session of JCHP in January 1994, the Committee recommended that:

- WHO and UNICEF should continue to strengthen their collaboration during 1995 towards the achievement of the mid-decade goals;

- WHO and UNICEF should develop, during 1995, a mutually agreed strategy for the achievement of the end-of-decade goals, to be presented to the next session of JCHP;

- WHO and UNICEF should pay particular attention to their mutual agreement for intensified collaboration in Africa.

62. It was also suggested that, since WHO and UNICEF were both in the process of reviewing and revising their respective water and sanitation policies, efforts should be made to coordinate those policies, taking due account of the comparative advantages of the two organizations.

Knowledge of HIV/AIDS-related preventive practices

63. JCHP noted that the indicator for the mid-decade goal, namely the number of people citing at least two acceptable ways of protection from HIV infection in relation to the total number of people aged 15-49 surveyed, had been field-tested in several countries, that the survey protocol had been finalized, and

that it would have been used in all regions by the end of 1995, providing a powerful tool for the collection of baseline data and assessing progress towards the attainment of the mid-decade goal. The hope was expressed that collaborative activities, such as those listed in the background document,[1] would be enhanced with the establishment of the joint and cosponsored United Nations programme on HIV/AIDS.

64. There was a call for further research to determine whether the achievement of HIV/AIDS education goals would indeed produce the behavioural changes needed to reduce the spread of HIV infection.

65. **Recommendations.** The Committee recommended that:

- WHO and UNICEF should continue to conduct national workshops on use of the survey protocol to measure the indicator for the target and encourage and support nationals to carry out the surveys;
- WHO and UNICEF should enhance technical cooperation with countries for improving and developing national youth programmes, both for those attending school and those out-of-school, in collaboration with government and nongovernmental sectors;
- the school education curriculum should be "marketed" to national education authorities;
- WHO and UNICEF should continue to cooperate with countries to develop AIDS education in schools as part of programmes to promote the health and development of young people;
- a management training programme in HIV/AIDS/STDs for national information, education and communication managers should be developed;
- WHO and UNICEF should continue to work to strengthen national nongovernmental organizations involved in conducting prevention programmes for particularly vulnerable youth groups;
- efforts should be made to continue to strengthen country capabilities to conduct HIV/AIDS/STD education in the workplace, and complete guidelines on the role of the private sector in prevention;
- WHO and UNICEF should ensure that the recommended activities are included in the programme budget/workplan of the joint and cosponsored United Nations programme on HIV/AIDS.

Reduction of maternal and infant mortality rates

66. In the introduction to the background paper,[2] it was pointed out that, despite increased efforts following the recognition of the importance of safe motherhood in 1987, death during or related to childbirth had remained at unacceptably high levels in developing countries. In 1993-1994 WHO had reviewed the data and started work with inputs from UNICEF to develop a minimum set of interventions for the care of mothers and newborn infants - referred to as the Mother-Baby Package - to reduce significantly maternal and neonatal mortality in all countries. The Package was a technical and planning tool with four main strategies which coincided with the goals of the World Summit for Children: family planning; prenatal care; clean and assisted delivery; and essential obstetric care. The strategies required simultaneous implementation on the basis of early detection, timely referral and effective treatment. The Package also focused on newborn infants, promoting interventions such as thermoregulation, resuscitation and breast-feeding. People with midwifery skills were identified as those best equipped to provide community-based appropriate technology and cost-effective care to women. The elements of the Package

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[1] Document JCHP30/95/4.3.

[2] Document JCHP30/95/4.4.

could be applied at the level of the family, community or first-referral health facility. The Package stipulated the critical requirement of a continuum of care as the key to a rapid reduction in maternal mortality.

67. JCHP noted that collaboration between WHO and UNICEF was crucial for the successful implementation of the interventions, but that linkages and operational strategies needed to be strengthened and accelerated; that would enable the goals for maternal and infant mortality reduction to be achieved.

68. There was a call for continued support to countries for the surveys needed to collect baseline data and assess progress in reducing maternal and infant mortality.

69. It was pointed out that mothers and children were the groups most vulnerable during rapid socioeconomic and political change, and that such changes could produce dramatic increases in maternal and infant mortality. WHO's integrated approach to family health, including the Mother-Baby Package and the integrated approach to management of the sick child, was therefore to be commended, and collaboration with UNICEF and other relevant organizations should be intensified. The forthcoming World Summit for Social Development and the Fourth World Conference on Women would provide appropriate forums for promotion of such integrated approaches.

70. **Recommendations.** The Committee recommended that:

- WHO and UNICEF should continue to collaborate in developing the Mother-Baby Package and strategies for implementation at the community, health centre and district level;

- specific actions should include completion and evaluation of clinical, technical and managerial guidelines and the development of innovative interventions in the areas of maternity waiting homes, community-based transport and distribution of maternal health supplies, including clean delivery kits;

- WHO and UNICEF should collaborate in the further development and adaptation of programme monitoring and evaluation indicators and methodologies, including the use of maternal and perinatal mortality audits;

- WHO and UNICEF should examine, extend and adapt the experiences of the Bamako Initiative and other means of financing the critical elements of maternal and newborn care - with particular attention to referral and emergency needs;

- particular attention should be given to providing systematic support and guidance for the information, education and communication strategies essential to mobilizing community and family involvement in maternal and newborn care. This should include the involvement of community organizations in the provision of support in kind through volunteer schemes and material support in the form of physical maintenance and supplies.

Reduction of iron deficiency anaemia

71. During the discussion of the background document,[1] JCHP was informed that some 2000 million people were currently affected by iron deficiency anaemia (IDA) and lesser degrees of iron deficiency, with considerable implications for their survival, functional capacity and quality of life. Iron deficiency crossed geographical and socioeconomic boundaries, and affected all age groups. Although the tools for alleviating iron deficiency were known, comprising dietary improvement through nutrition and health education, iron fortification of staple foods, and iron supplementation, implementation of suitable programmes was ineffective in many developing countries.

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[1] Document JCHP30/95/4.5.

72. JCHP noted that WHO and UNICEF looked forward to improving their collaboration in support of action to combat iron deficiency anaemia and lesser degrees of iron deficiency and that particular efforts were needed at the country level to improve political commitment, awareness of the condition, training and other operational measures. The need to integrate programmes for prevention and control of iron deficiency anaemia and iron deficiency into maternal and child health and primary health care programmes and the importance of extending the coverage to young children were emphasized.

73. It was noted that the results of efforts to fortify staple foods had been variable, with some success in iron fortification of rice in the Philippines and a substantial reduction in iron deficiency anaemia following fortification of maize flour in Venezuela. It was agreed that the fortification of food appeared most promising. It was pointed out that financial constraints prevented the successful implementation of supplementation programmes in many developing countries and assistance was needed for the mobilization of resources for that purpose. There was a call for further research into ways of improving the compliance of pregnant and lactating women with iron supplementation.

74. **Recommendations.** WHO and UNICEF should intensify their cooperation with Member States in support of the following action:

- by the end of 1995, all countries where IDA during pregnancy and/or in preschool-age children occurs in more than 20% of the population should have national plans of action for nutrition that include a specific programme for preventing and controlling IDA and iron deficiency, including through iron supplementation, dietary improvement, food fortification (where feasible) and other public health measures; such plans should be integrated into maternal and child health and primary health care programmes;

- in populations where over 30% of pregnant and lactating women have IDA, universal iron/folate supplementation should be implemented without waiting for additional screening, except to identify severe cases of anaemia for purposes of treatment;

- in populations where over 30% of pregnant and lactating women have IDA, iron supplementation programmes should include infants and children from six months to five years of age, and all low-birth-weight infants should receive supplements at intervals from three to 12 months of age;

- in populations where over 30% of pregnant and lactating women have IDA, consideration should also be given to intervals of iron supplementation as a priority for pre-adolescent children, and for all girls and women between 10 and 49 years;

- preventive supplementation programmes should be carried out through the community-based primary health care system in order to involve community groups and ensure their acceptance and support;

- all countries that do not have an effective food fortification programme should study the feasibility of developing one, and establish a dialogue with the food industry to identify suitable foods for iron fortification as an effective means of reducing IDA prevalence;

- all countries should launch advocacy programmes to increase awareness - among health workers, vulnerable groups, and policy-makers - of the prevalence and consequences of IDA and practical means for its alleviation.

Acute respiratory infections

75. Information on the joint approach to the control of acute respiratory infections (ARI) was provided in the background document.[1] No mid-decade goal had been established; the goal set by the World Summit for the year 2000 was to reduce the deaths due to ARI in children under five years of age by

[1] Document JCHP30/95/4.6.

one-third compared with those in 1990. The goal was attainable, provided that antibiotics were available, health workers trained, children had access to them, and families knew when to take their children for treatment.

76. Few data had so far been reported, but they were starting to become available. In the future WHO and UNICEF would be including acute respiratory infections as part of the integrated management of the sick child. That approach had been strongly supported by the WHO Executive Board at its recent session. While the control of acute respiratory infections required improved clinical services, a community-based component was also needed.

77. It was suggested that UNICEF and WHO needed to define targets for process indicators and measure progress towards them. Attention should be given to improving coordination at country level. In the poorest developing countries drugs for the treatment of acute respiratory infections are often not so readily available; that problem needed to be urgently addressed.

78. **Recommendations.** JCHP endorsed the directions and priorities contained in the background document and in particular those areas where WHO and UNICEF will increase their efforts to:

- continue to support countries to expand access and use of correct case management for pneumonia in children, involving health care providers in government facilities, nongovernmental institutions, private doctors and community-based practitioners;

- define operational targets and select and validate indicators to monitor the progress towards the achievement of the World Summit for Children goal of reducing mortality from ARI in children by one-third by the year 2000;

- enlist the participation of academic institutions, cooperation agencies and nongovernmental organizations in the research and development process of the integrated management of the sick child;

- assist countries in taking the policy and managerial decisions to make the successful transition from single childhood disease-oriented programmes, such as ARI, to an integrated case management programme addressing the main causes of mortality and morbidity in children;

- secure the active involvement of the cooperation agencies and nongovernmental organizations in supporting country initiatives to implement the integrated management of the sick child.

VI. HEALTH SYSTEMS DEVELOPMENT IN A DECENTRALIZING SITUATION: OPTIONS FOR IMPROVING DISTRICT HEALTH SYSTEMS

79. In the introduction to the background document,[1] it was emphasized that district health systems were the backbone of primary health care, and therefore improving their performance was a major concern to countries, UNICEF and WHO, and an essential requirement for the achievement of health goals.

80. If the district was seen as the common path for the delivery of health services, the item was very relevant to the discussions that had taken place on other agenda items. While the concept of district health systems had been widely recognized, its potential had not yet been fully realized. Historically, disease-control and infrastructure-development programmes had often been implemented separately. The challenge now was for all programmes to make full use of improvements in district health systems. Other challenges included strengthening the functioning of district health systems in order to empower local communities and health centres, and striking a balance between local and national priorities. It was important to ensure that action at the national level was supportive of district health systems. Many

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[1] Document JCHP30/95/5.

initiatives for improving the performance of district health systems were being supported by WHO, UNICEF and other agencies.

81. A series of tools and methodologies had been developed by WHO and UNICEF to support countries in their efforts to improve the performance of district health systems. For example, the programmes of organization of health systems and of family health had developed a tool for integrating maternal and child health in primary health care, known in the African Region as the "supermarket approach". The approach centred on ensuring that essential services were provided together on a daily basis. That approach and similar ones had been adopted in many countries.

82. WHO and UNICEF were planning to collect, analyse and document such experiences more systematically and report back to JCHP. Such information would be of great help in developing district health systems within a decentralized system, and would also be useful to WHO and UNICEF in defining future action. It would also be of use to the Committee in fulfilling its mandate, and to both organizations in giving greater attention to the role of organizational interventions.

83. It was pointed out that discussions on priorities in the health sector often focused only on disease interventions to reduce morbidity and mortality, organizational interventions being expected to follow or considered to be of secondary priority. However, that strategy had encountered serious problems of sustainability in countries with a poor health infrastructure, especially in Africa. At a future session, it was to be hoped that the Committee would be able to increase the visibility of district health systems. Apart from the Committee's comments on the three approaches suggested in the document, further ideas on the reforms that should be emphasized in the experiences to be collected would be of great use to the two secretariats.

84. The Committee was informed that UNICEF was totally aware that the goals that had been discussed would not be achieved unless countries had the capacity to deliver good-quality and affordable services. The roles of governments and of citizens were being redefined in the context of democratization, decentralization and privatization, which needed to be taken into account by both agencies. UNICEF and WHO needed strong support to strengthen interaction with the World Bank and other major players to provide coordinated support to countries. The value of sharing experience between districts was also emphasized.

85. With regard to the growing privatization trend, it was pointed out that it was vital to set out clearly the population's right to health care and government responsibilities in that area. Another problem was that of consumer demand, which was increasing day by day, so that the costs were becoming impossible to meet.

86. JCHP pointed out that the ongoing global reforms were raising important issues in countries. For example, what was the impact of privatization and introduction of user charges on equity in health and health care? It was also pointed out that greater efforts should be made to identify vulnerable and underserved population groups and target resources to them. The district was seen as the unit where such identification and targeting action could best be carried out.

87. In conclusion, JCHP considered the study proposed by UNICEF and WHO as being of great importance to the global effort to improve health, and welcomed the proposal by the WHO and UNICEF secretariats to:

- analyse relevant available information on health sector reform, empowerment and capacity building;
- carry out an ad hoc study to supplement the information already available;
- present a report to the next session of JCHP.

VII. COMPLEMENTARITY OF UNICEF AND WHO IN EMERGENCY SITUATIONS WITH PARTICULAR REFERENCE TO WOMEN AND CHILDREN

88. In the introduction to the background paper,[1] it was noted that the radical change in global affairs in recent years had led to a major increase in complex emergency situations throughout the world. It was therefore essential, in order to cope effectively with those situations, that the United Nations and other organizations involved in remedial measures should work together in a properly coordinated and complementary way. UNICEF and WHO had been working on ways to improve their coordination and collaboration on the health aspects of emergencies for some time; the background paper described the common position that had been finalized at a joint meeting held in late 1994. A pragmatic approach had been taken to find a model to enable the comparative advantages of both organizations to be used in a complementary way to give the best possible assistance to populations in need. A number of specific areas for collaboration in the immediate future, and some general areas requiring further discussion were set out in the background document.

89. The Joint Committee noted with approval the broad degree of cooperation and collaboration that already existed between UNICEF and WHO in response to the health aspects of emergencies and endorsed the areas proposed for further collaboration. It was agreed that WHO's strength and its main task should be the provision of technical advice, whereas UNICEF was most effective in implementing operations on the ground. However, it was pointed out that significant WHO presence in the field was necessary so that technical advice could be given with full knowledge of local circumstances, and at times to serve as a channel for large volumes of medical and other health-related supplies. Since emergency operations called for rapid action on the ground, it was suggested that UNICEF and WHO should also work with national coordinating bodies, which could serve as focal points for action. The collaboration and assistance of local community leaders should also be sought. Efforts to build national capacity for dealing with emergencies should be strengthened.

90. The general public remained largely unaware of the considerable work accomplished by UNICEF and WHO in recent emergencies since media coverage tended to focus on other agencies. Some action might perhaps be taken to make the collaborative work of UNICEF and WHO more visible in order to attract greater understanding of, and support for it.

91. A key element in ensuring effective action in emergencies was to be better prepared before they occurred, whether they were sudden unexpected natural disasters or complex, politically motivated emergencies that were slow to develop and foreseeable in advance. There was a need to define when the latter were to be considered emergencies. It would thus be useful to have sets of specific guidelines prepared to allow immediate action in emergencies; such guidelines should be kept continuously up to date. There was some feeling that such guidelines should be common and firmly applied, and also extend to the work of the representatives of the two organizations at country level, where there was also a need for greater cooperation. However, it was also suggested that, before preparing the guidelines, a set of cardinal principles governing the general response to emergencies should be drawn up and agreed by all organizations and donor countries likely to be involved in such action so as to permit cooperation and mutual support at the highest levels, and ensure that prompt, effective and efficient measures were initiated by all to bring help to populations in need.

92. JCHP **endorsed** the follow-up action to be taken by WHO and UNICEF, in particular the drawing up of a firm work plan.

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[1] Document JCHP30/95/6.

VIII. OTHER MATTERS

World Summit for Social Development, Copenhagen, 6-12 March 1995

93. JCHP was informed that, following the third session of the Preparatory Committee for the World Summit for Social Development, there was now a better balance in the texts of both the draft declaration and draft programme as far as references to health were concerned, as well as acknowledgement of the principles and goals of the World Summit for Children and the Rights of the Child. WHO had done its best to have a tenth commitment on education, health and culture included in the texts, but as yet no decision had been taken on the matter.

94. For the first time, health concerns had been given a central place in policies and strategies agreed under a series of international instruments. The request that health indicators should be used to monitor and measure poverty was welcomed. It had been confirmed that priority would be given at the Summit to Africa, the least developed countries, countries with economies in transition, and countries undergoing fundamental political, economic and social transformation. Heads of State would pledge to give priority to the fight against conditions which threatened the health, safety, security and well-being of peoples.

95. There were a number of specific references to health-related issues in both the draft declaration and draft programme, and health had been confirmed as a basic human need central to development. Specific targets, namely the eradication and prevention of communicable diseases such as malaria, HIV/AIDS and tuberculosis, had been mentioned. Special emphasis had been given to the health of women and reproductive health, as well as to the importance of the family, and an item on the subject of a healthy working environment had also been introduced. Although in general greater emphasis had been laid on health services, there had also been reference to health as a human condition. WHO particularly welcomed the mention of Chapter VI of Agenda 21. The Committee had not yet reached agreement on how the 20/20 initiative was to be reflected in the texts.

96. At the Summit, the Director-General of WHO would be making a statement reinforcing the centrality of health to development, and confirming WHO's commitment to integrated strategies for achieving the Summit's objectives. In parallel with the Summit, WHO would be helping to organize a number of other activities, notably an international symposium on the subject "From social exclusion to social cohesion: towards a policy agenda".

97. It was noted that economic and social development were mutually supportive. Without economic development, the financing of social development would face difficulties. Without social development, national development would not be sustainable. The concept of the 20/20 initiative was discussed in this context. Despite its imperfections, it was recognized that it could be a useful tool for resource mobilization. It was, however, stressed that the 20/20 initiative should not be viewed as a conditionality and that all donor countries should be urged to strive towards reaching 0.7% of gross national product as the target for overseas development assistance.

98. The point was made that the 20/20 initiative had started out as a plan to try to increase inputs by both national governments and donors to spending on social sector activities. Although setting targets might be attractive, there was a danger that they might be used either as a condition for actions to take place, or as an excuse for ineffective programmes. An approach focused on outcomes or achievements was to be preferred. It was suggested that JCHP might consider whether it was right that the five agencies concerned had chosen to promote the 20/20 initiative, when it had not been supported by any of their governing bodies.

99. It was stated in reply that, while many countries were already spending over 20% on basic social services, many others were not. The 20/20 initiative was seen by UNICEF as a reminder to the global community of its duty to support the social aspect of development. WHO, for its part, regarded the initiative not as a global solution to the problem of financing social services, but rather as a strategy for mobilizing resources for the poorest nations. It was pointed out that a number of variants of the 20/20

initiative had been put forward by the Preparatory Committee, and that in particular it had been suggested that the specific reference to 20% be replaced by the words "a higher percentage".

100. The Committee was pleased to note that major health concerns were to be included on the Summit's agenda. It noted the action taken by both organizations, and urged all participants in the Summit to further the objectives of the draft programme, especially where the interests of children and women were concerned. Lastly, it noted that the 20/20 initiative was to be regarded chiefly as a resource mobilization strategy.

Date of next session of JCHP

101. The need to hold a special session of JCHP in 1996 was discussed, together with the venue, in the light of the suggestion by UNICEF that it could be held in New York and that the dates should be chosen so as to suit both organizations. The Committee considered the issue of biennial versus annual sessions and concluded that, since a number of highly important topics could not be discussed at the present session, there was a need for a special session in 1996. The topics should include a review of policies and strategies of both organizations; health systems development in a transitional situation; water and sanitation; action during emergencies; and an information and communication strategy. As far as the venue was concerned, if the choice of Geneva imposed extra costs on UNICEF, the two secretariats could perhaps find a more equitable solution. It was therefore **agreed** that a special session should be held in 1996, and that the possibility of cost-sharing should be explored. The choice of venue would be discussed by the two secretariats.

IX. CONCLUDING REMARKS

102. Dr Hu Ching-Li, Assistant Director-General, speaking on behalf of the Director-General of WHO, thanked members of the Executive Boards of UNICEF and WHO for their valuable contributions. The discussions had highlighted areas of importance for consideration at the next special session of the Committee in 1996.

103. Since 1980, Mr James Grant, Executive Director of UNICEF, had attended every session of JCHP and he would be greatly missed. He had always worked very actively to ensure the complementarity of the two organizations. That spirit of collaboration must be continued in the future at the global and regional levels, and especially at the country level, in working towards the goals of the World Summit for Children and the International Conference on Population and Development and any goals set at the forthcoming World Summit for Social Development and the Fourth World Conference on Women. He commended the Chairman on his efficient conduct of the meeting and thanked members of the UNICEF Executive Board and UNICEF secretariat for travelling to Geneva to participate in the session.

ANNEX 1

AGENDA

1.	OPENING	
	Statement by the Director-General of WHO and the Special Adviser to the Executive Director of UNICEF	
	Election of Chairman and Rapporteurs	
	Adoption of agenda	JCHP30/95/1.1 rev.1
2.	REVIEW OF WHO POLICIES AND UNICEF DECISIONS	JCHP30/95/2 JCHP30/95/2 Add.1
3.	WORLD SUMMIT FOR CHILDREN	
	3.1 Monitoring of health goals and preparation of the mid-decade review and report	JCHP30/95/4.1
	3.2 Health-related goals: overview	JCHP30/95/4.2
	3.3 Mid-decade goals - an update on implementation	JCHP30/95/4.3
	3.4 Reduction of maternal and infant mortality rates	JCHP30/95/4.4
	3.5 Reduction of iron deficiency anaemia	JCHP30/95/4.5
	3.6 Acute respiratory infections	JCHP30/95/4.6
4.	HEALTH SYSTEMS DEVELOPMENT IN A DECENTRALIZING SITUATION: OPTIONS FOR IMPROVING DISTRICT HEALTH SYSTEMS	JCHP30/95/5
5.	COMPLEMENTARITY OF UNICEF AND WHO IN EMERGENCY SITUATIONS, WITH PARTICULAR REFERENCE TO WOMEN AND CHILDREN	JCHP30/95/6
6.	OTHER MATTERS	
	World Summit for Social Development, Copenhagen, 6-12 March 1995	
	Date of next session of JCHP	

ANNEX 2

LIST OF PARTICIPANTS

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Annex 2

UNICEF

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Ms M. Heuzé, Chief, Division of Information, UNICEF/Geneva
Dr T. Hill, Principal Adviser, Child Survival Unit
Ms H. Kittani, Assistant Secretary, UNICEF Executive Board
Ms B. Ogün-Bassani, Deputy Director, UNICEF/Geneva
Dr A. Paganini, Principal Adviser, Bamako Initiative
Dr J. Sherry, Chief, Health Promotion Unit
Dr C. Voumard, Senior Health Adviser, UNICEF/Geneva

WHO

Dr Hiroshi Nakajima, Director-General
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Dr A. Borra, Maternal and Child Health and Family Planning (MCH)
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Dr M. Fernando, Division of Intensified Cooperation with Countries (ICO)
Dr E.H. Goon, Director, Division of Development of Human Resources for Health (HRH)
Mrs D. Halvorsen, Division of Interagency Affairs (INA) - **Joint Secretary, JCHP**
Dr A. Hammad, Adviser on Health and Development Policies (DGH)
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Dr Y. Kawaguchi, Director, Division of Interagency Affairs (INA)
Dr B.P. Kean, Director, Programme Management, Regional Office for the Western Pacific
Dr I.S. Kickbusch, Director, Division of Health Promotion and Education (HPE) and representing Dr N.P. Napalkov, Assistant Director-General
Dr A.V. Kondrachine, Chief, Malaria Control (MAL)
Dr W. Kreisel, Executive Director (EXD)
Mr C. Lamunière, Senior Adviser for External Relations and Coordination, Division of Emergency and Humanitarian Action (EHA)
Dr J.W. Lee, Director, Global Programme for Vaccines and Immunization (GPV)
Dr Maaza Bekele, Division of Interagency Affairs (INA) and **Secretary, JCHP**

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* Unable to attend.

Annex 2

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Dr E.M. Samba, Regional Director Elect for Africa
Dr D. Schopper, Acting Chief, Planning and Policy Coordination, Global Programme on AIDS (GPA)
Dr E. Tarimo, Director, Division of Strengthening of Health Services (SHS)
Dr J.L. Tulloch, Director, Diarrhoeal and Acute Respiratory Disease Control (CDR)
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Dr D.B. Warner, Rural Environmental Health (REH)

ANNEX 3

LIST OF WORLD HEALTH ASSEMBLY RESOLUTIONS AND UNICEF EXECUTIVE BOARD DECISIONS, 1993 AND 1994, BROUGHT TO THE ATTENTION OF JCHP

WORLD HEALTH ASSEMBLY RESOLUTIONS

1993:

WHA46.6	Emergency and humanitarian relief operations
WHA46.7	International Conference on Nutrition: follow-up action
WHA46.17	Health development in a changing world - a call for collective action
WHA46.18	Maternal and child health and family planning for health
WHA46.20	WHO global strategy for health and environment
WHA46.27	Collaboration within the United Nations system: International Year of the Family (1994)
WHA46.30	Intensified cooperation with countries in greatest need, in particular in Africa
WHA46.32	Control of malaria
WHA46.33	Eradication of poliomyelitis
WHA46.36	Tuberculosis programme

1994:

WHA47.5	Infant and young child nutrition
WHA47.9	Maternal and child health and family planning: quality of care
WHA47.10	Maternal and child health and family planning: Traditional practices harmful to the health of women and children
WHA47.13	Rational use of drugs; and the WHO Action Programme on Essential Drugs
WHA47.26	Cooperation Agreement with the African Development Bank and the African Development Fund
WHA47.27	International Decade of the World's Indigenous People
WHA47.28	Collaboration within the United Nations system and with other intergovernmental organizations: health assistance to specific countries
WHA47.29	Rwanda
WHA47.30	Health conditions of the Arab populations in the occupied Arab territories, including Palestine

Annex 3

WHA47.32	Onchocerciasis control through ivermectin distribution
EB93.R5	Joint and cosponsored United Nations programme on HIV/AIDS

DECISIONS OF THE UNICEF EXECUTIVE BOARD

1993:

1993/11	UNICEF involvement in family planning
1993/15	The role of UNICEF in protecting, promoting and supporting breast-feeding
1993/16	UNICEF/WHO Joint Committee on Health Policy

1994:

1994/R.1/4	Executive Board representation on the UNICEF/WHO Joint Committee on Health Policy for the 1994-1996 biennium
1994/R.1/8	Human immunodeficiency virus/acquired immune deficiency syndrome programme
1994/R.2/2	UNICEF/WHO Joint Committee on Health Policy: report on the special session held at the headquarters of the World Health Organization, Geneva, 27-28 January 1994
1994/R.2/4	Reports on the special session of the UNICEF/WHO Joint Committee on Health Policy and on the fourth meeting of the UNESCO/UNICEF Joint Committee on Education
1994/R.2/5	Criteria for Executive Board representation on the UNICEF/WHO Joint Committee on Health Policy and the UNESCO/UNICEF Joint Committee on Education
1994/R.2/13	UNICEF support to the proposed United Nations joint and cosponsored programme on human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS).

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